



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL EAST

City of Hospital: Indianapolis

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-0074

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$748228993
Outpatient Patient Service Revenue	\$1588265626
Total Gross Patient Service Revenue	\$2336494619

2. Deductions From Revenue

Contractual Allowance	\$1537950565
Other Deductions	\$4400868
Total Deductions	\$1542351433

3. Total Operating Revenue

Net Patient Service Revenue	\$794143186
Other Operating Revenue	\$21574809
Total Operating Revenue	\$815717995

4. Operating Expenses

Salaries and Wages	\$168829489	Employee Benefits	\$38894645
Depreciation and Amortization	\$19510918	Interest Expense	\$14164503
Bad Debt	\$40101340	Other Expenses	\$352529747
Total Operating Expenses	\$634030642		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$181687353	Total Assets	\$497973671
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$4640979

Total Net Gains	\$181687353
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1106377430	\$768310676	\$338066754
Medicaid	\$502477128	\$298144086	\$204333042
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$727640061	\$475896671	\$251743390
Total	\$2336494619	\$1542351433	\$794143186

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$757141	\$3469636	\$-2712495

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$7189099	\$25547562	\$-18358463
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$4400868
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1077843	
HCI Payments	\$0		
Subtotal	\$0	\$1077843	\$-1077843
Medicaid Shortfalls	\$133081591	\$134907611	
Subtotal	\$133081591	\$135985454	\$-2903863
DSH Payments	\$24,493,500		
Subtotal	\$157575091	\$135985454	\$21589637
Medicare Shortfalls	\$221281906	\$264189848	
Other Government Programs	\$0	\$0	
Total	\$378856997	\$400175302	\$-21318305

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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